

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

29/889928

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		1				
4		1				
5		4				
6		4				
7		0				
8		0				
9		0				
10	/					
11		1				
12		1				
13		3				
14		3				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22			1			
23				1		
24				1		
25				1		
26				1		
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43			1			
44						
45						
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48						
49						
50						
TOTAL IND.	2		3			
TOTAL DEP.	29	↓	19	↓		↓
TOTAL CLAIMS	31		22			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS